

Texas Natural Resource Conservation Commission
Automotive Waste Management Program (MC 125)
P.O. Box 13087, Austin, Texas 78711-3087
(512) 239 - 6001

REGISTRATION FOR AUTOMOTIVE WASTE RECYCLING ACTIVITY
USED OIL AND USED OIL FILTER HANDLERS

TNRCC Registration Number (TNRCC OFFICE USE ONLY)	Original _____ Renewal _____ (All registrations expire 12/31 of even numbered years)
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NOTE: To obtain a registration number, applicant must comply with applicable federal, state and local regulations. Documentation demonstrating compliance must accompany application including financial assurance and management and safety plans as applicable in 30 TAC Chapter 324, 30 TAC Chapter 330, and 40 CFR Part 279.

Does this facility have any other TNRCC, TDH, RRC, or TxDOT ID number(s)?	YES _____	NO _____
If yes, list:		

NOTE: If a Railroad Commission or Texas Department of Transportation registration exists, please submit verification along with this application.

FACILITY AND CONTACT INFORMATION	
State Tax ID #:	Facility Phone: ()
Name of Facility:	
Facility Mailing Address (street/P.O. box, city, state, zip):	
Facility Location Address (street, city, state, zip):	County:
Facility Contact Person / Title (<i>person to be contacted regarding used oil activities at this facility</i>):	Contact Phone: ()
Facility Contact Person Address (street, city, state, zip):	

OWNER/PARENT COMPANY	
Tax ID #:	Owner Phone: ()
Name of Facility's Legal Owner:	
Address (street/P.O. box, city, state, zip):	

ASSUMED NAMES / AFFILIATES	
List all assumed names and/or affiliates and physical address of the parent company or the facility.	
1. Name:	Tax ID #:
Affiliation or d/b/a:	
Address (street, city, state, zip):	
2. Name:	Tax ID #:
Affiliation or d/b/a:	
Address (street, city, state, zip):	

IDENTIFY any persons having at least 20% ownership of any of the entities identified above, all directors, officers, plant and/or operation managers.		
Name:	Position:	SSN:
Address (street, city, state, zip):		
Name:	Position:	SSN:
Address (street, city, state, zip):		
IDENTIFY any persons having at least a 20% ownership interest in the physical site at which the facility is located.		
Name:	Position:	SSN:
Address (street, city, state, zip):		
Name:	Position:	SSN:
Address (street, city, state, zip):		

RECYCLING ACTIVITY (Show capacity* for each category that applies)									
	Transporter	Transfer Facility	Processor (describe processing method)	Re-refiner	Marketer who directs shipments to burner	Marketer who first claims used oil meets specs	Burner of Off-spec Oil		
							Utility Boiler	Industrial Boiler	Industrial Furnace
Used Oil									
	Transporter		Storage Facility		Processor (describe processing method)				
Used Oil Filters									
	lbs. 55-gallon drum		lbs. 55-gallon drum		lbs. 55-gallon drum				

* ***For used oil, show capacity in gallons. For used oil filters, show capacity in lbs. or 55-gallon drum volumetric equivalents, and circle below each entry to indicate whether capacities are in lbs. or 55-gallon drum volumetric equivalents.***

TRANSPORTER VEHICLE INFORMATION (Use extra sheets as necessary to identify additional vehicles.)							
Vehicle Type	Make/Model	Year	Vehicle ID#	License Plate #	State	Vehicle Weight (lbs.)	Owner
TOTAL VEHICLE WEIGHT (lbs.)							

Failure to disclose to the Commission any of the required information may result in loss of state contracts, non-issuance of registration or non-renewal of registration.

CERTIFICATION STATEMENT

I certify that the above information is true and correct to the best of my knowledge, and that I will abide by the rules governing the collection, management and recycling of used oil and used oil filters.

Signature: _____ Date: _____

Name (Type or Print): _____